

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012266

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 292

Primary Registration District No.

Registrar's No.

FILED APR 2 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Ralls.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ralls.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Spencer Township.</b>		c. CITY OR TOWN <b>Center, Missouri.</b>	
Length of stay in 1b <b>10 Min.</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Near New London, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Center, Missouri.</b>	
Inside Limits <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>THOMAS EDGAR ROBINSON.</b>		4. DATE OF DEATH <b>March 26, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-29-89</b>
9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR <b>Months</b> <b>Days</b> <b>Hours</b> <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	
11. BIRTHPLACE (City and state or country) <b>Ralls County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Robinson.</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Jackson</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs Bessie Robinson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>9</b>		17. INFORMANT <b>Bessie Robinson.</b> Address <b>Center, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot Wound in head.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Self inflicted gunshot wound in head from</b>			
DUE TO (c) <b>22 Rifle</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Self inflicted.</b>	
20c. TIME OF INJURY <b>11:00 a.m. 3-26-1962</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway # 19</b>	20f. CITY, TOWN, OR LOCATION <b>Spencer Township</b> COUNTY <b>Ralls Co, Mo.</b> STATE	
21. I attended the deceased from <b>No Medical attention.</b> and last saw her <b>him</b> alive on <b>about 11:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>about 11:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Coroner.</b>		22b. ADDRESS <b>Perry, Mo. Ralls County.</b>	
22c. DATE SIGNED <b>3-27-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-28-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery.</b>	
23d. LOCATION (City, town, or county) <b>Ralls County, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Clyde L. Wiley</b> ADDRESS <b>Perry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-28-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Clyde L. Wiley</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

2962 APR 4 1962  
2-31-62 AS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Clayton C. Murrey*

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.